

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 1 4

2. STATE:

CO

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 8 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1915 (g) (1) of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ \$1,500,000

b. FFY 2003 \$ \$1,500,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement¹⁸ to Attachment 3.1-A, pg 1 + a
Attachment 4.19-B Pg. 69. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Supplement to Attachment 3.1-A NEW
Attachment 4.19-B pg 6

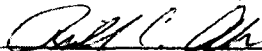
10. SUBJECT OF AMENDMENT: Targeted case management services

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

As per Governor's letter dated Dec 14, 1999

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Richard C. Allen

14. TITLE:

Director, Office of Medical Assistance

15. DATE SUBMITTED:

December 21, 2001

16. RETURN TO:

Colorado Department of Health Care Policy & Financing
1575 Sherman Street
Denver, CO 80203-1714

Attn: Karen Snell

17. DATE RECEIVED:

December 26, 2001

FOR REGIONAL OFFICE USE ONLY

18. DATE APPROVED:

March 19, 2002

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1-01-02

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Kathleen K. Nelson

22. TITLE:

Regional Administrator

23. REMARKS:

HANDCARRIED: December 26, 2001

State Plan under Title XIX of the Social Security Act
Medical Assistance Program

Supplement ¹⁸ to Attachment 3.1-A
Page 1 of 2

Targeted Case Management Services

- A. Target Group: First-time pregnant women and their first baby up to the child's second birthday
- B. Area of State in which services will be provided:
- (X) Entire State
- C. Comparability of Services:
- () Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- (X) Services are not comparable in amount, duration and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of Section 1902(a)(10)(B).
- D. Definition of Services:
- Nurse home visitors provide targeted case management services to first-time pregnant women from early in the pregnancy through the child's second birthday through assessment of the needs for health, mental health, social service, educational, housing, child care and related services of the women and children; development of care plans to obtain the needed services; referral to resources to obtain the needed services, including to medical providers who provide care to Medicaid-eligible pregnant women and children; and routine monitoring and follow-up visits with the women in which the progress in obtaining the needed services is monitored, problem-solving assistance is provided and the care plans are revised to reflect the women and children's current needs. All case management services are provided in a partnership relationship between the nurse home visitors and the women to develop the mothers' skills and self-efficacy to improve pregnancy outcomes, child health and development and economic self-sufficiency. The nurse home visitors provide referral information and the opportunity for the mothers to practice skills needed to plan, problem-solve and to access services successfully.

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TN No. 01-014 Approval Date 03/19/02 Effective Date 01/01/02
Supersedes TN No. NEW

E. Qualifications of Providers:

Providers must meet established program training requirements, program protocols, program management information systems and program evaluation requirements on research-based model programs that have demonstrated significant reductions in: infant behavioral impairments, the number of reported incidents of child abuse and neglect, the number of subsequent pregnancies, receipt of public assistance, and criminal activity. The nurse home visitors are required to be Bachelor's prepared Registered Nurses, licensed as professional nurses in Colorado or accredited by another state or voluntary agency that the state board of nursing has identified by rule as one whose accreditation may be accepted in lieu of board approval. The nurse supervisors are required to be nurses with master's degrees in nursing or public health, unless the implementing entity can demonstrate that such a person is either unavailable within the community or an appropriately qualified nurse without a master's degree is available.

F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of Section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan shall not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

TN No. 01-014 Approval Date 03/19/02 Effective Date 01/01/02
Supercedes TN No. NEW

TITLE XIX OF THE SOCIAL SECURITY ACT

MEDICAL ASSISTANCE PROGRAM

State/Territory: Colorado

Item #19 Methods for Establishing Payment Rates for Nurse Home Visitation
Program Targeted Case Management Services

Monthly interim payments will be made for each Medicaid eligible child/family visited under the program. Provider agencies will bill Medicaid MMIS at the end of the month for each child/family receiving a visit. A different rate will be calculated for each agency based on their actual historical costs and their projected budget for the coming year. At the end of the year the Medicaid payments will be reconciled with the actual costs for each agency, based on agency cost reports, to assure that Medicaid did not pay more than the actual cost of providing services. Overages will be recovered for Medicaid. Medicaid will not pay more than Medicare payment rates, although this service is not currently a Medicare benefit.

TN No. 01-014
Supersedes
TN No. 89-9

Approval Date 03/19/02 Effective Date 01/01/02